

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <input type="text" value="5846"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2004"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2004"/>
3. Name and address of person filing. Name <input type="text" value="Robert"/> <input type="text" value="W"/> <input type="text" value="Grauvogl"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="2828 Euclid Avenue"/> City <input type="text" value="CLEVELAND"/> State <input type="text" value="Ohio"/> ZIP Code + 4 <input type="text" value="44115"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="UFCW Union Local 880"/> Labor Organization File Number <input type="text" value="010-330"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="2828 Euclid Avenue"/> City <input type="text" value="Cleveland"/> State <input type="text" value="Ohio"/> ZIP Code + 4 <input type="text" value="44115"/>
5. Position in labor organization. <input type="text" value="Secretary-Treasurer"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Robert W. Grauvogl

On 8-10-05
Date

216-241-5930
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UFCW Local880 Retail Food Emplrys Jt Pension

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2828 Euclid Avenue

City CLEVELAND

State Ohio ZIP Code + 4 44115

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides pension benefits to some employees and members of UFCW Local 880

N/A

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Lunch - Investment Mgr Committee Meeting

12-09-2004 - 30.00

12.b. Amount.

\$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing Robert Grauvogl

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Dentemax

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 450

Street 28588 Northwestern Highway

City Southfield

State Michigan ZIP Code + 4 48034

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Union-Employer H&W Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2828 Euclid Avenue

City Cleveland

State Ohio ZIP Code + 4 44115

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

In-network dental service provider for employees and members of UFCW Local 880

11.b. Approximate dollar value of such dealing.

\$84,449

12.a. Nature of interest held or income received.

Business Lunch

08-31-2004

12.b. Amount.

\$20

Name of Person Filing Robert Grauvogl

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Schwarzald & McNair LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 616 Penton Media Building

Street 1300 East Ninth Street

City Cleveland

State Ohio ZIP Code + 4 44114-1503

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Local 880/Food & Merc Pension Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2828 Euclid Avenue

City Cleveland

State Ohio ZIP Code + 4 44115

11.a. Nature of such dealing.

Provides legal services

11.b. Approximate dollar value of such dealing.

\$266,360

12.a. Nature of interest held or income received.

Gift of six steaks

December 2004

Approximate Value

12.b. Amount.

\$80

Name of Person Filing Robert Grauvogl

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Duvin, Cahn & Hutton

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20th Floor

Street 1301 East Ninth Street

City Cleveland

State Ohio ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Interested Local 880 Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2828 Euclid Avenue

City Cleveland

State Ohio ZIP Code + 4 44115

11.a. Nature of such dealing.

Provides legal services

11.b. Approximate dollar value of such dealing.

\$323,446

12.a. Nature of interest held or income received.

Business Lunch

03-17-2004 - \$62.00

06-10-2004 - \$31.00

12-07-2004 - \$29.00

12.b. Amount.

\$122

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Medical Mutual

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2060 East Ninth Street

City CLEVELAND

State Ohio ZIP Code + 4 44115

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Union-Employer H & W Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2828 Euclid Avenue

City Cleveland

State Ohio ZIP Code + 4 44115

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Provides health benefits and related administrative services

11.b. Approximate dollar value of such dealing.

\$1,963,447

12.a. Nature of interest held or income received.

Pheasant Hunt

11-10-2004

12.b. Amount.

\$205

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Kaiser Permanente/Ohio Region

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street P. O. Box 921007

City Ft. Worth

State Texas

ZIP Code + 4 76121-1007

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Union Employer H & W Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2828 Euclid Avenue

City Cleveland

State Ohio

ZIP Code + 4 44115

11.a. Nature of such dealing.

HMO health benefit provider for some Local 880 employees and members

N/A

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Harvest for Hunger/Market Under Glass Benefit

2 tickets

04-29-2004

12.b. Amount.

\$300